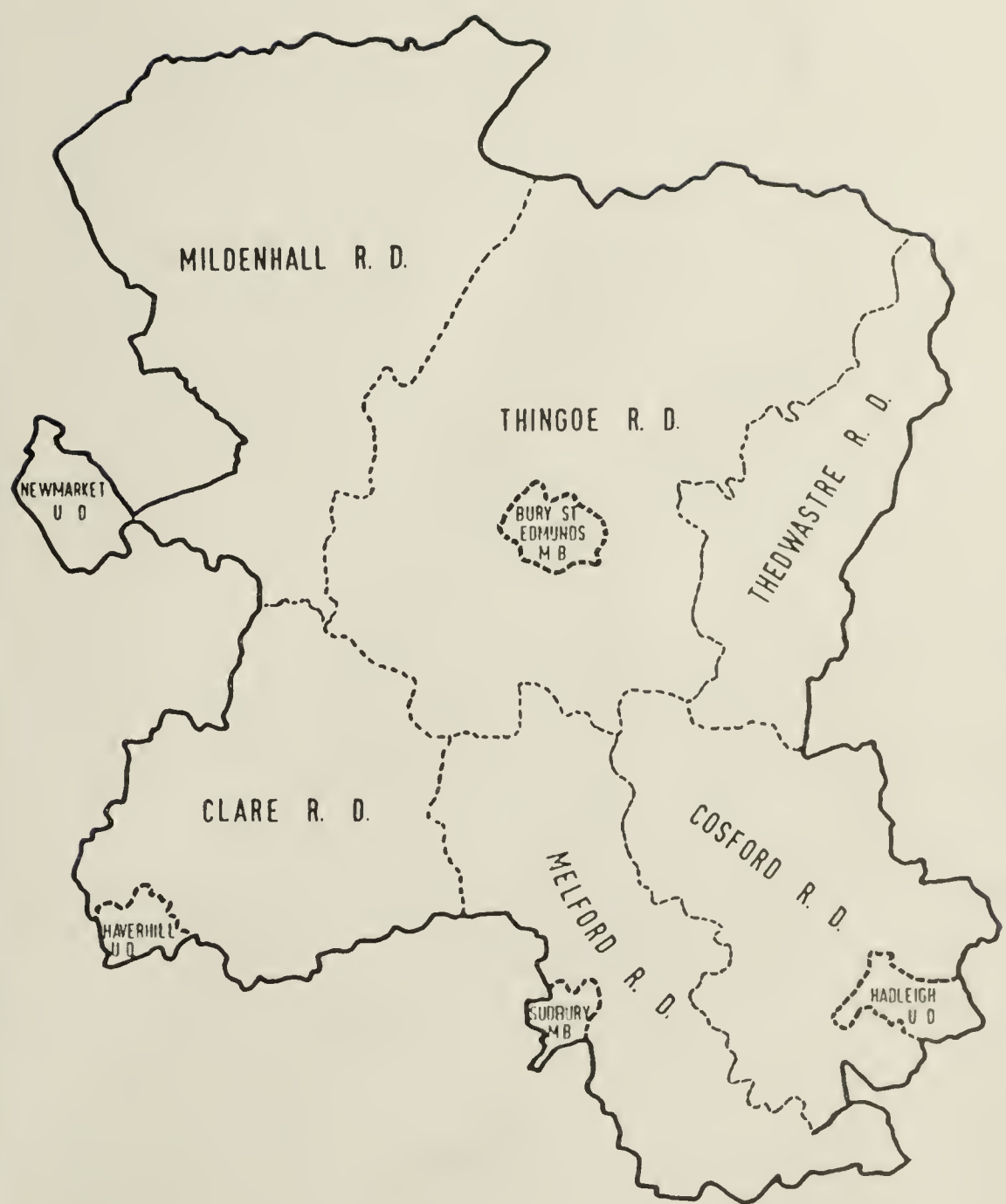




# **WEST SUFFOLK**



ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1970

D. A. McCracken, O.St.J., M.D., D.P.H.



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## WEST SUFFOLK COUNTY COUNCIL



Tel. No. Bury St. Edmunds 63141

Manor House  
Bury St. Edmunds

To the Chairman and members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1970 on the health and welfare services of West Suffolk. This has been a year of uncertainty for all members of the staff whether they be particularly engaged in the health sphere or in the welfare section of the department. The new Social Services Department, which takes on the "mantle" of the welfare section of my department, has I think been accomplished without any appreciable disruption of the existing services. The senior staff from the welfare section and a number of the clerical staff have been transferred to the newly created department and have already been joined by a number of additional social welfare officers.

The population of the administrative county as estimated by the Registrar-General was 166,830 as compared with 163,760 in the previous year. These estimates take into account the births, deaths inward and outward transfers of population. The natural increase was 3,070; the birth rate 18.0 as compared with 16.0 for the country as a whole; the infant mortality was 17.0 as against 18.0 for the national rate and general mortality was 10.4 per thousand after making the necessary adjustments to take into account the age and sex distribution as compared with 11.7 for England and Wales.

The number of persons who died from cancer of the lung was 69 (16 females, 53 males). This mortality is regrettable since much of it could be avoided if people at risk would only realise that an avoidable condition such as this depends on their smoking habits. In the House of Lords, Lord Platt stated:—

"The evidence that cigarette smoking was almost the sole cause of cancer of the lung and also the cause of a large number of premature deaths from coronary heart disease and chronic bronchitis has been building up for a number of years. The reports of Doll and Hill in this country and Wynder and Graham in the United States were published in 1950 and were, I think, the first to present strong evidence of the connection between smoking and lung cancer. Since then the evidence has become stronger and stronger; it has stood up to every conceivable test and criticism and has proved, in my opinion, to be one of the greatest medical discoveries of our time. For the commonest type of cancer in the male which now causes about 32,000 deaths each year in the United Kingdom alone has proved itself to be the only common internal cancer which is preventable. Much, therefore, still remains to be done in the education of the public in the danger inherent in tobacco smoke."

The unification of the health services in the county — a matter to which I alluded to last year — has progressed most satisfactorily. As the new Bury St. Edmunds General Hospital should be available in 1972 for the reception of patients I have included, as Appendix 1, an extract of a report I made to the Health Committee on the progress that is being made and the ultimate objects which might be attained by the integration of the Health Department with the hospital service.

The family planning service has been expanded through the Family Planning Association. Family planning services are now available to all people living in West Suffolk and free supplies are available to those who require them on medical grounds. I suggested last year that domiciliary family planning would play a large part of the domiciliary staff work and it appears to me that this is the next positive step which will be taken nationally to cope with the problem.

Whilst it is quite true to say that progress and the provision of health centres is somewhat tardy no doubt more positive progress will be forthcoming very shortly in view of the Government's declared policy which is expected in pending legislation.

I again record with regret that although the County Council decided in 1962 that they would like the fluoride content of water supplies adjusted little progress has been made.

Rubella vaccination of girls aged 11 to 13 was introduced, but the response from the public has been much less than I anticipated. This additional type of vaccination will be included in the computer programme as from 1st January, 1971.

I thank members of the Health and Welfare Departmental staff, and in particular my Chief Clerk Mr. Eric White, together with those members of the Education staff who are associated with the school medical service, for their continued support in all our work and to the present and past members of the Council for their continued interest and encouragement. I have been supported in many endeavours by the Chief Officers of other Departments and their respective staffs. Finally I would acknowledge the splendid service which was given to the Department and the community by the several voluntary aid associations operating in the county.

**D. A. McCracken**

*County Medical Officer of Health.*

30th July, 1971.





## STAFF

### *County Medical Officer of Health: Chief Welfare Officer:*

D. A. McCracken, M.D., Ch.B., D.P.H.

### *Deputy County Medical Officer of Health:*

A. M. Lush, M.R.C.S., L.R.C.P., D.C.H., (R.C.P.I.), D.(Obst.), R.C.O.G., D.P.H.

### *Senior Medical Officer:*

Mrs. D. M. Walker, M.B., Ch.B.,

### *Medical Officers in Department:*

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

E. Kinneer, M.B., Ch.B., D.P.H.

L. B. Gonzalez, M.B., Ch.B., D.P.H.

Mrs. U. E. Williams, M.D., (part-time) from 1.9.70.

### *Consultant Adviser in Psychiatry (Part-time):*

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

### *Dental Surgeons:*

S. H. Pollard, L.D.S., (Principal)

E. Ferguson, M.B.E., L.D.S.

G. T. Green, B.D.S., L.D.S., K.C.S., (to 8.4.70)

W. L. Norman, L.R.A.M., L.D.S., R.C.S., (Part-time) Mrs. M. Roy, L.D.S. (part-time)(to 31.1.70)

### *Principal Nursing Officer:*

Miss V. M. Hird, S.R.N., S.C.M., Q.N., H.V.Cert.

### *Superintendent Health Visitor:*

Miss M. Ward, S.R.N., S.C.M., H.V.Cert.

### *Superintendent Home Nurse/Midwife:*

Miss A. M. Delahunty, S.R.N., S.C.M., Q.N.

### *Health Educator:*

Miss V. Blanchard

### *Speech Therapist:*

Miss B. M. Elton, L.C.S.T.

### *Food and Drugs Act:*

Chief Inspector — D. Thompson

### *Director of Welfare Services:*

T. H. Higham, B.E.M., M.I.S.W.

### *Assistant Director of Welfare Services:*

D. M. Watkins

### *Senior Social Worker:*

A. E. Biggs

### *Social Workers:*

Mrs. K. M. Stanley (to 30.11.69)

Mrs. C. F. Cooley, S.R.N. (from 5.1.70)

*Mental Health/Social Welfare Officers:*

E. Brown  
 M. R. Cooper  
 F. Crossley  
 D. Dransfield, S.R.N., R.M.N.  
 M. D. Kidd  
 E. R. Lewis, S.R.N., O.N.D.  
 J. W. Pettitt  
 J. M. Hart, R.M.N., R.N.M.S.  
 W. J. J. Tyrrell  
 J. W. Read  
 W. Woods, R.M.N., (from 1.7.70)

*Senior Home Teacher of the Blind:*

Miss N. D. Tree, A.I.S.W.

*Home Teachers of the Blind:*

Miss M. R. Green  
 Mrs. J. Spence

*Junior Training Centres –*

Bury St. Edmunds:  
 Supervisor – Miss E. E. Brown

Sudbury:

Supervisor – Mrs. L. E. Wood

*Adult Training Centre –*

Bury St. Edmunds:  
 Manager – G. T. Elliston

*Handicraft Instructresses:*

Miss W. Gamble  
 Mrs. F. E. Read  
 Mrs. N. W. Chapman

*Ambulance Superintendent:*

J. F. Petch

*Chiropodists:*

A. E. Colston, M.Ch.S.  
 S. Marper, M.Ch.S.  
 D. J. Chambers, A.Ch.S., (Part-time)  
 R. E. Shazell, M.Ch.S.

*Administrative Assistants:*

J. E. Richardson  
 Miss J. E. Humm (May 1970)  
 Mrs. M. Wells-Gardner  
 L. L. W. Fayers  
 C. Hallifax  
 Miss D. C. Day, S.R.N. (from 13.7.70)  
 Miss E. K. Whitewick (from 1.4.70)

*Senior Administrative Officer:*

E. White

## SUMMARY OF VITAL STATISTICS, 1970

Area of Administrative County .. .. .	390,916 acres
Population Census, 1931 .. .. .	106,137
Population Census, 1951 .. .. .	120,652
Population Census, 1961 .. .. .	129,969
Population (Mid-year Estimate, 1970) .. .. .	166,830
Rateable Value .. .. .	£5,539,549
Estimated Product of a p. Rate .. .. .	£54,728

## Live Births:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate .. ..	1,452	1,387	2,839	
Illegitimate .. ..	85	73	158	
	<u>1,537</u>	<u>1,460</u>	<u>2,997</u>	18.0

Percentage of illegitimate live births of TOTAL live births .. 5.0

## Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate .. ..	12	10	22	
Illegitimate .. ..	—	2	2	
	<u>12</u>	<u>12</u>	<u>24</u>	8.0

## Total Live and Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate .. ..	1,464	1,397	2,861
Illegitimate .. ..	85	75	160
	<u>1,549</u>	<u>1,472</u>	<u>3,021</u>

## Deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
All causes .. ..	903	853	1,756	10.5

Maternal (including abortion) NIL

Infant (under one year):

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 related live births</i>
Legitimate .. ..	27	21	48	17.0
Illegitimate .. ..	2	2	4	25.0
	<u>29</u>	<u>23</u>	<u>52</u>	17.0

Neonatal (first four weeks):

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. ..	23	18	41	
Illegitimate .. ..	1	2	3	
	<u>24</u>	<u>20</u>	<u>44</u>	15.0

Early Neonatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. ..	21	17	38	
Illegitimate .. ..	1	2	3	
	<u>22</u>	<u>19</u>	<u>41</u>	14.0

Perinatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate .. ..	33	27	60	
Illegitimate .. ..	1	4	5	
	<u>34</u>	<u>31</u>	<u>65</u>	22.0

ESTIMATED POPULATION, BIRTH AND DEATH RATES

DISTRICT	ESTIMATED POPULATION	BIRTH RATES		DEATH RATES	
		Crude	Adjusted	Crude	Adjusted
<i>Borough and Urban Districts –</i>					
Bury St. Edmunds ..	25,150	18.5	18.1	11.3	8.8
Hadleigh .. ..	4,910	21.0	20.6	11.8	13.0
Haverhill .. ..	11,390	25.1	18.8	7.5	11.6
Newmarket ..	12,220	15.6	15.0	12.1	11.5
Sudbury .. ..	7,960	16.5	18.2	22.4	12.5
TOTALS .. ..	61,630	19.1	18.0	12.2	10.5
<i>Rural Districts –</i>					
Clare .. ..	10,600	12.8	14.3	13.0	10.9
Cosford .. ..	9,670	14.3	16.7	13.9	11.1
Melford .. ..	19,990	19.2	19.0	9.1	9.9
Mildenhall .. ..	31,160	19.6	19.8	6.7	10.5
Thedwastre ..	10,030	15.0	16.2	11.8	10.6
Thingoe .. ..	23,750	17.0	18.0	9.3	10.4
TOTALS .. ..	105,200	17.3	18.2	9.5	10.5
GRAND TOTALS ..	166,830	18.0	18.0	10.5	10.4



## CAUSES OF DEATHS IN ADMINISTRATIVE AREAS—URBAN AND RURAL DISTRICTS

Registrar General's Code	CAUSES OF DEATH	URBAN DISTRICTS						RURAL DISTRICTS						GRAND TOTAL FOR COUNTY	Registrar General's Code
		BURY ST. EDMUNDS	HADLEIGH	HAVERHILL	NEWMARKET	SUDBURY	TOTAL	CLARE	COSFORD	MELFORD	MILDENHALL	THEDWASTRE	THINGOE	TOTAL	
B.1	Cholera .. .. .														B.1
B.2	Typhoid Fever .. .. .														B.2
B.3	Bacillary dysentery and amoebiasis .. .. .														B.3
B.4	Enteritis and other diarrhoeal diseases .. .. .														B.4
B.5	Tuberculosis of respiratory system .. .. .	1					1							1	B.5
B.6	Other tuberculosis, including late effects .. .. .							1						1	B.6
B.7	Plague .. .. .														B.7
B.8	Diphtheria .. .. .					1	1							1	B.8
B.9	Whooping cough .. .. .														B.9
B.10	Streptococcal sore throat and scarlet fever .. .. .										1			1	B.10
B.11	Meningococcal infection .. .. .														B.11
B.12	Acute poliomyelitis .. .. .														B.12
B.13	Smallpox .. .. .														B.13
B.14	Measles .. .. .				1		1							1	B.14
B.15	Typhus and other rickettsioses .. .. .														B.15
B.16	Malaria .. .. .														B.16
B.17	Syphilis and its sequelae .. .. .														B.17
B.18	All other infective and parasitic diseases .. .. .									1				1	B.18
B.19(1)	Malignant neoplasm — Buccal cavity .. .. .	3					3	5	1	1		1		8	B.19(1)
B.19(2)	Malignant neoplasm — oesophagus .. .. .				1		1		1		2	1	2	6	B.19(2)
B.19(3)	Malignant neoplasm — stomach .. .. .	4	1	2	4	4	15	3	5	2	5	1	8	24	B.19(3)
B.19(4)	Malignant neoplasm — intestine .. .. .	8	3	3	6	4	24	4	4	16	5	5	4	38	B.19(4)
B.19(5)	Malignant neoplasm — larynx .. .. .	2					2							2	B.19(5)
B.19(6)	Malignant neoplasm — lung, bronchus .. .. .	9	3	7	2	6	27	6	8	2	6	7	13	42	B.19(6)
B.19(7)	Malignant neoplasm — breast .. .. .	3	2	2	6	4	17	1	1	5	3	1	5	16	B.19(7)
B.19(8)	Malignant neoplasm — uterus .. .. .	1		1	1	1	4	1	1			1	1	4	B.19(8)
B.19(9)	Malignant neoplasm — prostate .. .. .	3		1		3	7	2	3	2	1		1	9	B.19(9)
B.19(10)	Leukaemia .. .. .				1		1		2	2	3	1	2	10	B.19(10)
B.19(11)	Other malignant neoplasms .. .. .	12		3	6	7	28	5	7	9	11	6	11	49	B.19(11)
B.20	Benign neoplasms and neoplasms of unspecified nature .. .. .	1			1	1	3			1				1	B.20
B.21	Diabetes mellitus .. .. .	1		2	1	2	6	2	2	3		3	2	12	B.21
B.22	Avitaminoses and other nutritional deficiency .. .. .														B.22
B.46(pt)	Other endocrine, nutritional and metabolic diseases .. .. .	1			1	1	3				1			1	B.46(pt)
B.23	Anaemias .. .. .	1					1	1			2		1	4	B.23
B.46(pt)	Other diseases of blood and blood-forming organs .. .. .	1					1				1		1	2	B.46(pt)
B.46(pt)	Mental disorders .. .. .		1			1	2			1				1	B.46(pt)
B.24	Meningitis .. .. .											1		1	B.24
B.46(pt)	Other diseases of nervous system and sense organs .. .. .	1				1	2	1		2	2			5	B.46(pt)
B.25	Active rheumatic fever .. .. .														B.25
B.26	Chronic rheumatic heart disease .. .. .	2			2		4			2	4		2	8	B.26
B.27	Hypertensive disease .. .. .	2	3	2	1	3	11	2	1	8		1	2	14	B.27
B.28	Ischaemic heart disease .. .. .	54	14	16	50	37	171	29	34	25	46	17	47	198	B.28
B.29	Other forms of heart disease .. .. .	22	4	5	6	5	42	11	9	7	18	7	19	71	B.29
B.30	Cerebrovascular disease .. .. .	34	9	10	18	73	144	19	14	32	28	23	26	142	B.30
B.46(pt)	Other diseases of the circulatory system .. .. .	17	6	4	6	5	38	5	5	5	8	4	7	34	B.46(pt)
B.31	Influenza .. .. .	2			1	3	6	3	2	5	4	1	1	16	B.31
B.32	Pneumonia .. .. .	59	4	5	8	5	81	13	11	16	19	18	23	100	B.32
B.33(1)	Bronchitis, emphysema .. .. .	8	2	4	10	3	27	6	5	9	8	7	8	43	B.33(1)
B.33(2)	Asthma .. .. .	1					1		2				1	3	B.33(2)
B.46(pt)	Other diseases of the respiratory system .. .. .	1		2	1	1	5	1	1	3	1		3	9	B.46(pt)
B.34	Peptic ulcer .. .. .	5		1	1	1	8	2	1		1	1	1	6	B.34
B.35	Appendicitis .. .. .									1			1	2	B.35
B.36	Intestinal obstruction and hernia .. .. .				1		1		2		1		1	4	B.36
B.37	Cirrhosis of liver .. .. .	1				1	2		1	1			1	3	B.37
B.46(pt)	Other diseases of the digestive system .. .. .	3			1	1	5	2		2		1	1	6	B.46(pt)
B.38	Nephritis and nephrosis .. .. .							1		2				3	B.38
B.39	Hyperplasia of prostate .. .. .	1		1			2	1	1	1	1		1	5	B.39
B.46(pt)	Other diseases of the genito-urinary system .. .. .	2		2		1	5	1	2			1	4	8	B.46(pt)
B.40	Abortion .. .. .														B.40
B.41	Other complications of pregnancy, childbirth and puerperium .. .. .														B.41
B.46(pt)	Diseases of the skin and subcutaneous tissue .. .. .														B.46
B.46(rem)	Diseases of the musculoskeletal system and connective tissue .. .. .	1					1			1	1	3	1	6	B.46(rem)
B.42	Congenital anomalies .. .. .	2	1	1		1	5		1	1	2	1	2	7	B.42
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions .. .. .	2	1		2		5		1	6	2		2	11	B.43
B.44	Other causes of perinatal mortality .. .. .	2	2	1	1		6	2			1	1	6	10	B.44
B.45	Symptoms and ill-defined conditions .. .. .	1			2		3	1			3			4	B.45
BE.47	Motor Vehicle accidents .. .. .	3		3	2		8	4	2	1	7	1	4	19	BE.47
BE.48	All other accidents .. .. .	7	1	3	3	2	16	1	3	5	7	3	4	23	BE.48
BE.49	Suicide and self-inflicted injuries .. .. .			4			4	2	1	2	4		2	11	BE.49
BE.50	All other external causes .. .. .		1				1				1			1	BE.50
B.46(pt)	Multiple Sclerosis .. .. .				1		1				1			1	B.46(pt)
	ALL CAUSES .. .. .	284	58	85	148	178	753	138	134	182	210	118	221	1,003	1,756

## NATURAL AND SOCIAL CONDITIONS

### Area.

There has been no change in the area of the Administrative County which remains at 390,916 acres.

### Population.

The Registrar-General estimated the resident population for the mid-year to have been 166,830 persons as compared with 163,760 persons in 1969. The estimated population of children under fifteen years as at 30th June was 14,500 of which 11,640 were under five.

The natural increase in population, that is the excess of registered live births over deaths, totalled 1,241 persons as compared with 1,304 persons in 1969.

### Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjustment for outward and inward transferable deaths, was 1,756 (males 903, females 853) as compared with 1,702 in 1969. The total death rate based on the mid-year estimated population was 10.5 compared with 10.4 in the previous year. Deaths are classified under the 65 headings based on the International Abbreviated List (B List) from the manual of the eighth Revision of the International Classification, plus certain additional headings under B 19 – that of cancer. Comparability factors for each urban and rural district have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas and when multiplied by the crude birth and death rates experienced in the area modify the latter so as to make them comparable with other rates which have been adjusted. These birth and death rates are shown in the table on page 7.

Heart diseases and other circulatory diseases accounted for 877 of all deaths compared with 824 for 1969. Cancer was responsible for 335 deaths – an increase of 23 on the previous year. Cancer of the lung and bronchus showed a decrease and 69 deaths were attributed to this cause compared with 75 for 1969. The number of deaths attributable to tuberculosis was 2 compared with 3 for 1969.

The adjusted death rates for 1966–70 with those for England and Wales for comparison are:—

		1966	1967	1968	1969	1970
West Suffolk	..	9.7	9.7	10.7	10.3	10.4
England and Wales	..	11.7	11.2	11.9	11.8	11.7

### Live Births.

The number of live births assigned to the County was 2,997 (1,537 males, 1,460 females); as compared with 3,006 in 1969. This was equivalent to a crude birth rate of 18.0 as compared with 18.4 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1966–70 together with the national rates for comparison:—

		1966	1967	1968	1969	1970
West Suffolk	..	19.2	18.8	18.5	18.6	18.0
England and Wales	..	17.7	17.2	16.9	16.3	16.0



### Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 24 giving a rate of 8.0 per thousand related live and stillbirths as compared with 13.0 for England and Wales. The rates for the quinquennium 1966–70 together with those for the country as a whole are as follows:—

		1966	1967	1968	1969	1970
West Suffolk	..	10.1	12.3	13.8	13.0	8.0
England and Wales	..	15.3	14.8	14.3	13.0	13.0

### Infant Mortality.

The number of infants who died before attaining their first birthday was 52 (29 males and 23 females) as compared with 48 in 1969. The rate per thousand related live births was 17.0 as compared with 16.0 for the previous year. The rates for 1966–1970 together with those for England and Wales are as follows:—

		1966	1967	1968	1969	1970
West Suffolk	..	22.5	13.7	17.8	16.0	17.0
England and Wales	..	18.9	18.3	18.3	18.0	18.0

### Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1966–1970 were:—

		1966	1967	1968	1969	1970
West Suffolk	..	17.3	11.1	14.4	12.0	15.0
England and Wales	..	12.9	12.5	12.4	12.0	12.0

### Early Neonatal Mortality.

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand relates live births for 1970 was 14.0 compared with 11.0 for the previous year.

### Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and stillbirths for 1966–70 together with those for England and Wales:—

		1966	1967	1968	1969	1970
West Suffolk	..	25.5	21.2	26.3	24.0	22.0
England and Wales	..	26.3	25.4	24.7	23.4	23.5

### Maternal Mortality.

There were no maternal deaths.



## CARE OF MOTHERS AND YOUNG CHILDREN

## Health Visitors.

The work of the health visitor continues to increase. The demands for her service come from general practitioners and hospitals, for all age groups of the family. The policy of attachment or liaison with general practitioners is expanding. Sixteen health visitors are attached to general practitioners and four are working in close liaison. In the hospital field, the health visitor continues to act as liaison officer to the West Suffolk General Hospital. This now includes the ophthalmic department and the psychiatric unit. In addition the three geriatric units in West Suffolk have a health visitor liaison officer.

The following report is made by a health visitor:—

“The purpose and objective of a full time Health Visitor being seconded to the hospital service as a Liaison Officer is for the following reasons:—

A Health Visitor can draw upon her especial knowledge of nursing, of public health and of the environmental factors affecting the patient, the family and society.

This post requires a person who can continue her knowledge and skills of nursing, public health nursing and community care.

Careful selection of the officer to be appointed is necessary to ensure that she can both make and sustain inter-personal relationships. As she is a practitioner within her own rights, she should be able to organise and plan in her own sphere. A formal time table would be almost impossible to construct but the following factors should be observed when organising her programme:—

## 1. ATTENDANCE AT THE OUT PATIENT CLINICS AND INTERVIEWING.

This may well be described as the most vital link in the chain and to appreciate why one must consider the implications to the patient, to the relatives who often accompany him/her when he/she attends for examination, consultation and possible participation in the short stay scheme.

An Out Patient Department appointment is the positive sign to the patient that some action will be taken as a result of his referral from his General Practitioner.

A state of anxiety, apprehension and confusion in varying degrees exists and will have a direct bearing on his/her ability to interpret the implications of his/her possible participation in the Early Discharge Scheme.

It is imperative to the success of this scheme that time is spent at its commencement in developing a relationship, making skilled observations, eliciting information both medical and social that would lead to a decision as to whether a domiciliary visit is necessary before inclusion in the Early Discharge Scheme.

2. Attendance at consultant ward rounds.
3. Attached to diabetic and paediatric clinic.
4. Correlate all admissions and discharges.
5. Liaison between hospital and local authorities.
6. Main contact to Health Visitors, District Nurses and Midwives.
7. Urgent visiting – emergency admissions.
8. Liaison with Hospital Medico/Social Worker.
9. Estimating and requesting further complementary services.

Total number of Out Patients 1968/69 = 44,620

1969/70 = 45,343”

## Visits Paid.

Total number of visits paid was — children up to 5	35,594
expectant mothers	1,136
other cases	<u>11,191</u>
Total	<u>47,921</u>

Health visitors called on 2,001 persons aged 65 and over, including 680 at the special request of the family doctor or hospital staff. They also visited 254 patients discharged from hospital, of whom 171 were visited at the request of a medical practitioner or hospital consultant. Sixty-three households were visited and advice offered on account of infectious diseases. The total number of cases visited was 17,584.

#### Establishment.

This has remained at 27 health visitors.

#### Training.

Health Visitors continue their instruction in domiciliary practical experience to student health visitors from Ipswich Civic College and also assist in training of student nurses taking the integrated nursing course.

#### Post Graduate Training.

Four health visitors have attended refresher courses and one health visitor attended a first line management course.

#### Child Health Clinics.

In addition to the four purpose-built health clinics at Bury St. Edmunds, Haverhill, Newmarket and Sudbury, there were in the more rural districts twenty-eight clinics. During the year two new clinics were opened, one at Elmsett and the other at Risby. The clinic at R.A.F. Stradishall closed in November. The total number of children who attended was 5,851; 1,838 were under one year of age, 1,815 between one and two years and 2,198 between two and five years of age. There were 1,016 children recorded on the 'At Risk' Register.

#### Maternity and Nursing Homes.

There are three registered nursing homes in the county. The Planche, Thurston; Stowlangtoft Hall, Stowlangtoft and The Hall, Mildenhall. These homes accommodate 24, 20 and 6 patients respectively. Regular inspections are made of these nursing homes by the Principal Nursing Officer. There are no registered maternity homes.

#### Nurseries and Child Minders Regulation Act, 1948 (as amended by Section 60 of the Health Services and Public Health Act, 1968).

The increase in the number of Registrations of Child Minders continues steadily and at the end of 1970, the number registered was 181, compared with 135 for 1969, with a corresponding increase in the number of children accommodated.

The one nursery held in factory premises closed during the year. The number of nurseries again increased, maintaining the present trend to make provision for the pre-school child.

	REGISTERED PREMISES			REGISTERED PERSONS
	Factory	Other	TOTAL	
Number of premises or persons registered at end of year .. .. .	—	57	57	181
Number of children permitted	—	1,246	1,246	473



### Relaxation and Mothercraft Classes.

Classes are now established at Bury St. Edmunds, Brandon, Hadleigh, Haverhill, Mildenhall, Nayland, Newmarket, Sudbury and Kedington. Attendance at these classes is continuing to increase. The number of mothers who attended was:—

Hospital booked	357
Domiciliary booked	<u>182</u>
TOTAL	<u>539</u>

Total number of attendances 3,468.

### Family Planning.

This service continues to be given in the County by the Family Planning Association. Some sessions are held at the Council's Health Clinics. The number of new patients attending was maintained, with a general increase in the total attendances over the year.

The clinics are held as follows:—

<i>Clinic</i>	<i>Frequency</i>	<i>Number of New Cases</i>	<i>Total Attendances</i>
Bury St. Edmunds	Wednesday morning	284	1,988
	Tuesday evening		
	Wednesday evening		
Haverhill	Monday evening	79	784
	1st Wednesday morning of month		
Newmarket	Wednesday evening	124	980
	1st and 3rd Wednesday morning of month		
Sudbury	1st and 3rd Thursday morning	83	632
	2nd and 4th Thursday evening of month		
		<u>570</u>	<u>4,384</u>

### Dental Care.

Mr. S. H. Pollard, the Principal School Dental Officer, reports as follows:—

“There has been a significant increase in the numbers of expectant and nursing mothers and pre-school children treated compared with previous years. It is most unfortunate that the county dental service has suffered a reduction of staff at this time. However, in spite of this, efforts to increase the number of pre-school children seen at the clinics will continue. It is hoped that by seeing children before they start school it may be possible to persuade parents to pay more attention to correct diet and oral hygiene. As I have remarked many times previously, in times of staff shortage prevention assumes greater importance.”

### Dental Services for Expectant and Nursing Mothers and children under 5 years as at December, 1970.

<i>Attendances and Treatment</i>	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for treatment during year—		
First visit .. ..	64	8
Subsequent visits .. ..	<u>99</u>	<u>12</u>
Total visits .. ..	<u>163</u>	<u>20</u>



<i>Attendances and Treatment</i>	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of additional courses of treatment other than the first course commenced during year	17	1
Treatment provided during the year -		
Number of fillings .. .. .	97	7
Teeth filled .. .. .	89	7
Teeth extracted .. .. .	5	1
General Anaesthetic given .. .. .	2	1
Emergency visits by patients .. .. .	5	1
Patients X-Rayed .. .. .	-	-
Patients treated by sealing and/or removal of stains from the teeth (Prophylaxis) ..	3	5
Teeth otherwise conserved .. .. .	119	
Teeth root filled .. .. .	-	-
Inlays .. .. .	-	-
Crowns .. .. .	-	-
Number of courses of treatment completed during this year .. .. .	47	7
<i>Prosthetics</i>		
Patients supplied with F.U. or F.L. (first time)	-	
Patients supplied with other dentures ..	1	
Number of dentures supplied .. .. .	2	
<i>Anaesthetics</i>		
General Anaesthetics administered by dental officers	-	
<i>Inspections</i>		
Number of patients given first inspections during year	98	12
Number of patients in (Attendances and Treatment) and (Inspection) who required treatment ..	49	9
Number of patients in (Prosthetics) and (Sessions) who were offered treatment .. .. .	49	9
<i>Sessions</i>		
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients -		
For treatment .. .. .	30	
For health education .. .. .	-	

### Speech Therapy.

At the beginning of 1970 two full-time speech therapists were serving West Suffolk. By March one had left the area.

Owing to the continued rise in school population, and the increase in number of speech defective children referred, it was considered advisable to augment the establishment from one of two, to one of three full-time therapists. This was effected in October.

Unfortunately owing to the general shortage of speech therapists, and despite continued efforts to engage further assistance, there was still only one speech therapist working in the county by the end of the year.

During the greater part of 1970, therefore, it was possible only to maintain a partial service. The northern area, including Bury St. Edmunds, received a regular, if diluted service, while for the southern area, an attempt was made to give some advice, support and even treatment to parents and children where the latter were more severely speech disadvantaged, by seeing them in school holiday periods, at Sudbury or Haverhill clinics.

The number of pre-school children referred has increased in a higher proportion than has that of school children. More than twice, and nearer three times the number are being recommended for attention than was the case seven years previously.

In 1970 49 pre-school children were seen and advice or regular help has been given. Four of these children were discharged during the year.

### Care of Unmarried Mothers and Children.

There has been no change in the arrangements with the St. Edmundsbury and Ipswich Diocesan Board for Moral and Social Welfare. Financial responsibility was accepted by the Council for the maintenance of 14 unmarried mothers in suitable homes and reports were received from the Moral Welfare Worker for 26 other cases.

### Care of Premature Infants.

The number of premature live births recorded was 162. Fourteen of these infants were born at home, and of these, seven were nursed entirely at home, all surviving the first month. The remaining seven were transferred to hospital and of these five survived. Of the 148 born in hospital, 120 survived the first month.

### Prevention of Break-up of Families.

Six-monthly meetings of the three area case committees and, where necessary ad hoc committees were held. The number of families to be considered was reduced from 44 in the previous year to 22 and of this number 11 cases were referred for the first time as compared with 20 new cases the previous year. The names of 3 families were removed as being no longer in need of review.

### Ascertainment and Training of Young Children with Impaired Hearing.

Every effort is made to test the hearing of all children, between the ages of 6 and 9 months. High pitched rattles are now being used and Health Visitors work in pairs in order to achieve the greatest possible accuracy in testing. The health visitor attached to the Partially Hearing Unit at Westgate County Primary School, Bury St. Edmunds, continues to give specialised help to the children attending there.

### Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 51 voluntary distribution centres compared with 53 for the previous year.

The following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk Packets	Cod Liver Oil Bottles	Vitamin A & D Tablets Packets	Orange Juice Bottles
MAIN				
Bury St. Edmunds ..	2,472	537	972	13,887
Newmarket .. ..	1,121	108	300	3,921
Haverhill .. ..	991	94	412	4,302
Sudbury .. ..	483	177	367	6,267
TOTAL	5,067	916	2,051	28,377
VOLUNTARY	7,326	720	685	19,890
TOTAL ISSUES	12,393	1,636	2,736	48,267
TOTAL ISSUES (1969)	16,020	1,702	2,435	44,060

I would like to express once again my appreciation of the work done by these voluntary centres.

The uptake of national dried milk further decreased, although it is pleasing to note an increase in the sale of Vitamin tablets and orange juice.



### Other Welfare Foods.

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the child welfare centres and health visitors. The following issues were made:—

	1970	1969
Baby Cereal .. ..	1,203 packets	1,532 packets
Vitamin preparations—		
Vitamin C .. ..	11,492 bottles	12,092 bottles
Vitamin A and D (Liquid) ..	3,815 bottles	3,875 bottles
Vitamin B (Solid) .. ..	7,516 tins	6,095 tins
Pharmaceutical Products—		
Tablets for Nursing Mothers	106 boxes	129 boxes

In addition to these commodities, toothbrushes for children were available and 3,375 (3,253) were issued.

Cash receipts for all the above items amounted to £2,183 (£1,936). Health visitors continued to issue concessionary vouchers for proprietary foods.

### MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the county during the year was 82, the number of cases attended was:—

Domiciliary midwives	695
Hospital	<u>1,996</u>
Total	<u>2,691</u>

In addition there were 276 births at the U.S.A. Army Air Corps Hospital at Lakenheath.

Domiciliary confinements have again decreased and the number of patients discharged home early to the care of the domiciliary midwife is rising rapidly. This indicates the desirability of moving to a more integrated midwifery service, and the pilot scheme started in 1968 whereby domiciliary midwives deliver their mothers booked for short stay in hospital is now a recognised part of the service. It gives continuity of care to the patient, satisfaction to the general practitioner, and domiciliary midwife, and it is a better use of qualified staff.

### Phenylketonuria.

All babies are tested for this disease, the processing of the tests are done regionally, at the Ida Darwin Hospital, Fulbourn, Cambridge. All results were satisfactory.

### Congenital Malformations.

The notifications of all cases have continued and have shown an increase this year. Fifty-three cases were reported as compared with thirty-five in 1969.

### Sterilised Maternity Outfits.

Six hundred and eighty four packs costing 99p each for domiciliary confinements and 480 packs at 49p for patients discharged early from hospital were supplied free.

### Midwifery Training.

The second period midwifery training continues in conjunction with the West Suffolk General Hospital. Ten student midwives were successful and are now qualified midwives.



### Refresher Course.

Six midwives attended statutory courses.

### Housing.

Bungalows at Acton and Felsham have been completed.

### Establishment.

The establishment remains at 67 home nurses, midwives and auxiliary staff.

### Incontinence Pads.

The work of the district nurse is increasing and the care of the aged and chronic sick form a large section of this. The provision of incontinence pants and pads is of great benefit to patients, families and nurses. The use of these facilities enables more patients to be cared for in the comfort of their own home, thus releasing hospital beds for those who need them more urgently. Thirty-thousand pads were distributed.

### Hospital Discharges.

The planned early discharge of surgical patients is now accepted in West Suffolk. The next development towards integrated care is greater preparation for the discharge of certain categories of medical patients. This investigation is now done for all geriatric patients. It assists the consultant physician for geriatrics in his care, both during hospital treatment of patients and in planning their discharge. It is advantageous to the patients and relatives who are assisted through a difficult period by the sympathetic and skilled advice of the health visitor.

### Psychiatric Nursing in the Community.

May 1970 saw the opening of a transitional psychiatric unit at Alexandra House, Bury St. Edmunds. Dr. Alan Broadhurst the consultant psychiatrist regards the service given by this unit as community orientated and should make a very positive contribution to the creation of a mental health department at the new Bury St. Edmunds Hospital to be opened in 1972. Due to the restriction in the number of beds which now number 15, will eventually be increased to 50 in the new hospital it is essential that no single patient stays in the unit longer than medically necessary. Health visitors and nurses are welcomed to the unit and are able to assist the psychiatrist with the community care of some patients. The medical staff is particularly interested in young mothers who have suffered from stress illness following child birth. This is one of the fields of psychiatry in which my staff can render great assistance.

### Home Nursing Service.

The total number of patients nursed has increased and this is directly due to the policy of short stay of patients in hospital. It is gratifying to report that the local health authority nursing service is already working in close harmony with the hospital staff to continue the nursing care of the patient in the community. The total number of patients nursed was 4,452. Of these 1,966 were aged 65 and over, 141 were children under 5 years of age and 285 were between 5 and 15 years old. The total number of home nursing visits paid throughout the county totalled 86,709 and 29,636 injections were given.

### Training.

In accordance with the National policy, those members of our nursing personnel who are not district trained, are now given the opportunity to train it is now planned for this experience to be combined with community training given by the county council nursing staff to nurses who are undertaking the integrated course given jointly with the teaching staff of West Suffolk General Hospital.

**Refresher Courses.**

In order to fulfill our duties as a training authority for the integrated and district nurse training, two district nurses have undertaken post-certificate practical work instructor courses.

**Attachment of Public Health Nursing Staff to General Practitioner Surgeries.**

Attachment of staff to general practitioner groups is growing steadily, and in those areas where it is not possible for staff to work solely in a group practice, a liaison has been formed which seems to prove satisfactory to both medical and nursing staff and, thus the patient benefits.

**Management Structure of Local Authority Nursing Services.**

The "Mayston" Report on the management structure of local authority nurses was considered by the Committee. A detailed report on this is set out in Appendix 2.



### AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway		Air	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1966	92,435	878,182	14,731	156,479	77,618	716,842	28	390	57	4,231	1	240
1967	109,094	1,029,316	17,405	166,345	91,578	858,168	56	498	54	4,095	1	210
1968	117,856	1,146,463	18,406	164,471	99,362	977,692	29	260	59	4,040	—	—
1969	122,923	1,156,707	19,961	173,125	102,896	978,138	29	373	35	4,581	2	490
1970	148,477	1,263,858	22,269	179,518	120,068	1,079,012	69	448	91	4,880	—	—

The average miles per patient was 8.5 compared with 9.3 for 1969. The total mileage of all patients in this service shows an increase of 9.4% on the previous year.

#### Ambulances.

The total mileage shows an increase of 3.5% on 1969. The average number of miles per patient was 8.1 compared with 8.7 for the previous year.

#### Sitting Case Cars.

This mileage includes both the Council's own vehicles and that of the Hospital Car Service. A mileage of 1,079,012 is an increase of 10.8% on that of the previous year. The average number of miles per patient was 8.9 compared with 9.5 for 1969. This mileage includes the conveyance of trainees attending Junior Training Centres at Bury St. Edmunds and Sudbury and the Adult Training Centre at Bury St. Edmunds. Transport for these establishments accounted for 422,765 miles or 39% of the total mileage for sitting case cars. This mileage is recharged to mental health services. Also included is the mileage for the transport of patients to day hospitals at Bury St. Edmunds and Sudbury, which are expanding.

#### Taxis.

This form of transport is restricted to the conveyance of school children when an ambulance is not required. Whilst the numbers show quite an increase on that of the previous year, the mileage does not show the same relative increase.

#### Railway.

Rather more use of this type of conveyance was used than in the previous year. Where practicable railway is used to convey patients who have to be admitted for specialised forms of treatment, which are not available locally. It is always a pleasure to pay tribute to the staff of both British Railway and the London Ambulance Service who are involved with most of the patients being conveyed by these means.

#### Hospital Car Service.

This service continues to form a very important ancillary. There were 41 registered car drivers on 31st December. Once again I wish to pay tribute to the men and women who operate this service.

#### Capital Programme.

The Ten Year Programme was reviewed and provision was not only made for ambulance stations at Mildenhall (1970/71) and Hadleigh (1972/73), but for the possibility of providing accommodation for staff at Bury St. Edmunds, Haverhill, Newmarket and Sudbury during the quinquennium 1975/81.



### Training.

The policy of sending members of the ambulance staff to 'Millar' type courses continued. I have attended several conferences at Chelmsford in connection with training programmes held at this centre, which has now been approved by the Local Government Training Board. There is no doubt that the standards in the service are improved as a result.

The periodic meetings of ambulance station supervisors with senior members of my staff continued. These meetings have proved invaluable both to the "men at the wheel" and to "management". As I remarked last year, the sense of participation at all levels in the operation of the ambulance service is present, which must be a very good thing for the department in general and the Ambulance service in particular.

## PREVENTION OF ILLNESS CARE AND AFTER CARE

### Tuberculosis.

The arrangements for the supervision of tuberculosis patients continues. The number of notified cases of tuberculosis on the register at the end of 1970 was:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Pulmonary	.. ..	66	40	106
Non-Pulmonary	..	<u>6</u>	<u>9</u>	<u>15</u>
Total Cases		<u>72</u>	<u>49</u>	<u>121</u>

Particulars of the new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non-Pulmonary		Age Periods	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0-15	—	—	—	—	0-15	—	—	—	—
20-	1	1	—	—	20-	—	—	—	—
25-	2	3	—	—	25-	—	—	—	—
35-	2	—	—	—	35-	—	—	—	—
45-	3	—	—	—	45-	—	—	—	—
55-	2	—	—	—	55-	1	—	—	—
65-	1	—	—	—	65-	—	—	—	—
75+	—	—	—	—	75+	1	—	—	—
TOTALS	11	4	—	—	TOTALS	2	—	—	—

The total primary notifications of tuberculosis amounted to 15 (all pulmonary) as compared with 14 pulmonary in 1969.

Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five quinquennial periods which were as follows:—

Period	Incidence		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1946-50	83	22	24	7
1951-55	49	12	11	1
1956-60	5	7	4	1
1961-65	21	6	1	0.3
1966-70	10.6	1.5	1.7	1.4

### Examination of Contacts.

The consultant chest physician arranged for 186 contacts to attend at Newmarket Hospital, West Suffolk Hospital or St. Leonard's Hospital, Sudbury. This gave an average of 5.8 contacts per new case. Of these contacts, 112 were skin tested, and 28 were 'Heaf' positive.

In addition to these figures, the staff and trainees at the Adult Training Centre were in contact with tuberculosis, and chest X-rays were arranged. The forty-seven of these who were under thirty years old were skin tested by a medical officer, and eleven were found positive. A total of six trainees were advised prophylactic chemotherapy by the chest consultant and a further case of tuberculosis was discovered and treated.

### After Care.

A total of 52 domiciliary visits were made by health visitors who continued to work in close liaison with the Consultant Chest Physician.

### Recuperative Holidays.

Five men, twelve women and one child were sent for recuperative holidays, a total of eighteen.

Of these six were admitted to The Hunstanton Convalescent Home, two to Maitland House, Frinton, three to St. Michael's Convalescent Home, Clacton, and six to the Women's Royal Voluntary Service Holiday Home at Felixstowe. The child went to a home in the country, under the care of the Women's Royal Voluntary Service.

### Chiropody Service.

The chiropodists treated 2,095 patients during the year, compared with 1,892 in 1969. The total number of treatments given was 8,778, compared with 8,783 in 1969. All but 36 of the patients were aged persons (men of 65 and over; women of 60 and over) — Old People's Homes not included.

Clinics were held at 30 centres in the county and the chiropodists continued to visit Homes for the Aged, both private and authority maintained, and groups of old people's dwellings. They gave 3,248 domiciliary treatments to housebound patients. The service continues to be widely appreciated, although it has not been possible to recruit the full establishment of chiropodists despite repeated advertisements.

### Medical Loans Depots.

The number of Medical Loans Depots maintained by the British Red Cross Society on behalf of the County Council is 35.

The demand for the loan of aids is constant, and the depots continue to be well used and greatly appreciated.

The annual grant of £375 towards their maintenance was continued.

## MENTAL HEALTH SERVICES

The service has remained unchanged and we have continued to work closely with the staff of the hospitals for the mentally ill and mentally subnormal. This liaison has been extended to include the new psychiatric unit at Alexandra House, Bury St. Edmunds.

The mental health field work is undertaken by twelve general purpose social welfare officers all of whom are designated as mental welfare officers. One welfare officer and a welfare assistant are on Certificate in Social Work courses and it is anticipated that another officer will be seconded to such a course next year. Ipswich Civic College continues to send us their social work students for varying periods so that they may gain practical experience of the mental health functions of a local authority. The contact with a training establishment continues to be mutually beneficial.



### Junior Training Centres.

The Centres at Bury St. Edmunds and Sudbury for mentally handicapped children continues successfully to strive to provide a pleasant environment in which the children can develop their abilities as far as possible. The staff are fully aware of the importance of the parents' support and contact between the Centres and the homes of the children is maintained. A helpful relationship has continued with the branches of the National Society for Mentally Handicapped Children at Bury St. Edmunds and Sudbury. Annual refresher courses are organised by the National Association for Mental Health and staff from both Centres attended these in order to keep up-to-date with current trends in training.

### Adult Training Centre.

The Adult Training Centre and Sheltered Workshop at Bury St. Edmunds completed a satisfactory year and the pleasure of the trainees at being at the Centre has been evident. Expansion in the work field continued and a wide range of work-jobs was undertaken. The increasing overall competence of trainees has continued. The range of work-jobs includes making apple boxes, wooden pallets, undertaking light engineering, assembly work, firework tubes, making seed boxes, constructing fencing panels, making concrete blocks, finishing off aircraft passenger overnight bags, drilling rods for advertising signs and covering library books for the county library. There is thus a welcome diversity of work for the whole range of low, medium and high grade mentally handicapped adults and many trainees take considerable and gratifying pride in their accomplishments.

The staff devote considerable time and effort to the social training of the trainees and this forms an important part of the centre programme. The mid-day meal is prepared in the centre kitchen by a Cook/Instructor assisted by some of the trainees who are allocated to kitchen duty on a rota basis.

### Home Visitation.

The visitation of mentally subnormal persons and patients who are mentally ill is mainly undertaken by the mental welfare officers. Health visitors also carry out some visits. The total visits paid during the year was 2,293 this being an increase of 737 over the previous year.

The mental welfare staff maintain a close liaison with general medical practitioners, hospitals, relatives, employees and friends and thus provide as much support as possible for persons who are suffering from mental disability.

The social club for the mentally ill, known as the "Friday Club", is organised in Bury St. Edmunds by the British Red Cross Society and is held in their premises. Mental welfare officers continued to take an active part in the weekly meetings of this club. The council makes a small grant to the Society towards the expenses of the Club and assists in transport. The membership has remained interested during the year and a varied programme of activities has been employed.

### Admissions to Hospitals.

St. Audry's Hospital, Melton, near Woodbridge is the receiving hospital for most of the mentally ill patients from West Suffolk, although a few are admitted to Fulbourn Hospital near Cambridge. Many patients are admitted to hospital informally under arrangements made by their family doctors and in these situations the help of the mental welfare officers is often sought. There are frequently social problems associated with the admission, or movable property to protect, and in these situations the mental welfare officers can be especially helpful. Increasingly mental welfare officers are called on to deal with problems associated with admission and they have been able to give valuable help in easing the patient's return to the community.

Mental welfare officers were directly involved in the following admissions to hospitals for the mentally ill:—

Mental Health Act — Section 25	9	(18)
— Section 26	1	(—)
— Section 29	47	(53)
— Section 60	1	(—)
— Informal	<u>33</u>	<u>(68)</u>
	<u>91</u>	<u>(139)</u>
		( ) previous year

On 31st December 1970 the following establishments were accommodating mentally sub-normal patients from West Suffolk as indicated:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Etloe House, Layton .. ..	—	1	1
Fulbourn Hospital, Cambridgeshire ..	1	—	1
Harperbury Hospital, Hertfordshire ..	1	—	1
Ida Darwin Hospital, Fulbourn, Cambridgeshire	16	7	23
Jane Walker Hospital, Nayland ..	—	10	10
Blanfrecha Grange, Monmouthshire ..	1	—	1
Little Plumstead Hospital, Norwich ..	23	25	46
Moss Side Hospital, Liverpool ..	—	1	1
Nazareth House, Oxford .. ..	—	1	1
Nursing Home for the Blind, London	1	—	1
Rampton Hospital, Retford ..	4	—	4
Risbridge Home, Kedington ..	40	38	78
Royal Eastern Counties Hospital, Colchester	29	26	55
St. Audry's Hospital, Melton ..	4	2	6
St. James Hospital, Saffron Walden ..	—	1	1
St. Joseph's Home, Sudbury ..	—	5	5
St. Mary's Convent, Roehampton ..	—	2	2
Stoke Park Colony, Stapleton ..	1	4	5
South Side Home, London ..	—	1	1
Kingsmeade Hostel, Lexden ..	—	1	1
Meldreth Training School for Spastics	2	—	2

The number of patients admitted during the year for long-term care to hospitals for the mentally subnormal was as follows: the figures for the previous year are in brackets:—

Mental Health Act — Section 26	1	(2)
— Section 29	—	(—)
— Section 60	—	(1)
— Section 65	—	(—)
— Informal	3	(4) ( ) = previous year

Close co-operation has been maintained with the staff of the Ida Darwin Hospital at Fulbourn and we have continued to be grateful to the Consultant Psychiatrist there for his help in seeing patients at the request of either their own doctors or County Council staff.

As at 31st December there were 24 patients on the waiting list for admission to hospitals for the mentally subnormal and of these 7 were classified as urgent. Short-term care was provided in hospitals for 21 patients, an decrease of 7 over the previous year. A number of mentally subnormal persons receive pastime therapy at their homes from the Council's Handicraft Instructresses.

A total of 38 new referrals were received by the department during the year compared with 28 in the previous year. These referrals came from general practitioners, hospitals, government departments, police and courts, local education authorities and other social work agencies etc.

#### Future Developments.

This is the last full year in which the Mental Health Services will be provided by the staff of the Health and Welfare Department. I would like to record my thanks to them for all the effort which they expended in building up an effective service.



As an extension of the pilot scheme reported on earlier last year talks were given with appropriate films to home helps in Hadleigh, Haverhill, Newmarket and Sudbury. A series held at monthly intervals consisted of three lectures on "Aids for the Elderly", "Preventing Ill Health in the Elderly", and "Your Home and Your Health" supported by visits to suitable establishments. These were very successful.

AGED 65 OR OVER ON FIRST VISIT IN 1970	AGED UNDER 65 ON FIRST VISIT IN 1970				TOTAL
	Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
936	59	2	31	61	1,089

## Infectious Diseases.

[illegible]

### Vaccination.

The number of persons under 16 years of age vaccinated was as follows — the figures for the previous year being shown in brackets:—

	<i>By County Staff</i>		<i>By General Practitioners</i>	
Smallpox—				
Vaccination .. .. .	—	(—)	1,392	(1,305)
re-vaccination .. .. .	—	(—)	215	(158)
Poliomyelitis				
basic course (1st year) .. .. .	585	(501)	1,548	(1,152)
re-inforcing dose (school entry) .. .. .	326	(223)	1,717	(1,475)
Whooping Cough				
basic course (1st year) .. .. .	579	(458)	1,555	(1,199)
Diphtheria				
basic course (1st year) .. .. .	581	(459)	1,577	(1,213)
re-inforcing dose (school entry) .. .. .	338	(314)	1,737	(1,469)
Tetanus				
basic course (1st year) .. .. .	581	(459)	1,734	(1,313)
re-inforcing dose (school entry) .. .. .	338	(314)	2,316	(1,895)
Tuberculosis (B.C.G.) .. .. .	1,378	(1,111)	—	(—)
Measles .. .. .	471	(219)	2,216	(1,051)
Rubella .. .. .	—	—	8	(not given previously)

During the year consultations with the West Suffolk Executive Council and the Local Medical Committee were concluded for the programming of appointments for vaccination and immunization on the County Council's computer.

The scheme was scheduled to begin with the programming of all notification of birth records from 1st January, 1970.

### Health Education.

During the year health education sessions numbered 224, with an estimated attendance of 10,765.

Most sections of the population have received some form of Health Education either directly by talks/films to groups in schools, clubs — or indirectly by poster displays in places of work, Public Notice Boards, and distribution of leaflets, obtainable at libraries, public offices etc.

Subjects on which information is requested most often are:—

1. How to lose weight.
2. Sexually transmitted diseases.
3. Food and Kitchen Hygiene.
4. The Mis-use of Drugs.
5. Prevention of Accidents in the Home.
6. Family Planning.
7. Smoking and Health.

Other aspects of health on which talks have been given this year include Child Development, Hazards of Old Age, Mental Health, Condensation in Housing, Refuse Disposal, and Water Supplies.

Those undertaking Health Education sessions in previous years have continued to give support, and in many instances now organise their own talks and courses, using the teaching aids from the Health Education Section. Additional personnel taking Health Education in 1970 were School teachers, Hospital Ward Sisters, Occupational Therapists, and members of the St. John's Ambulance Brigade. The total number of sessions increased, and with the expanding field of those willing to contribute their specialised knowledge to the work of improving the health, safety and well-being of the community, more aspects of promoting good health and preventing disease, can be covered, a wider audience reached, and quality of contents improved.



PERSONNEL TAKING PART IN HEALTH EDUCATION						1969	1970
Schoolteachers	..	..	..	..	..	—	34
Health Visitors	..	..	..	..	..	36	21
Midwives/District Nurses	..	..	..	..	..	10	21
Medical Officers of Health	..	..	..	..	..	25	20
Public Health Inspectors	..	..	..	..	..	8	11
British Red Cross Society	..	..	..	..	..	3	8
Hospital Staff	—	Chiropodists	..	..	..	3	1
		Dietitians	..	..	..	3	3
		Occupational Therapists	..	..	..	—	2
		Ward Sisters	..	..	..	—	2
General Practitioners	..	..	..	..	..	7	7
Social Workers	..	..	..	..	..	10	4
Borough Surveyors/Engineers	..	..	..	..	..	2	4
Probation Officers	..	..	..	..	..	6	3
St. John's Ambulance	..	..	..	..	..	—	1
Others	..	..	..	..	..	17	14

### Obesity and Nutrition.

The abundance of food available, persuasive commercial advertising, lifts, escalators, motor cars, television, and lack of physical activity in schools and afterwards, have all contributed to the increasing problem of obesity, with its attendant consequences. Knowledge of nutrition is poor and frequently acquired from the mass media — not always a reliable source of accurate information.

Requests for talks, have arrived not only from Women's Clubs, but also from leaders of childrens clubs, who have become somewhat concerned at the frequency and amount of confectionery consumed by their members. Illustrated talks, using flannelgraphs, slides and films have been given, and basic ideas of nutrition attempted, the opportunity has also been used to stress the danger to teeth of cariogenic foods.

All the Health Education Courses in schools, both primary and secondary, include at least one talk on nutrition, and dangers of being overweight. "Junior Mothercraft" also cover essential nutrition during pregnancy, and school leavers courses emphasise the necessity of a good diet and wise eating after leaving school.

Booklets to promote good eating and encourage exercise have been issued to all 300 Youth Clubs in the area.

A number of talks on Slimming and Weight Control have been given to Women's Clubs. At a recent opening of a new "Slimming" club over 100 people attended on the first night, with 15 more requesting membership the following week. There is obviously an urgent need for sound education on the whole subject of good eating habits and weight control.

Display on "What to Eat and Why" and "Dangers of being Overweight" have been arranged at each of the four health clinics and leaflets distributed.

Nutritionally it was felt that the elderly were particularly at risk. Eating alone, with few incentives to cook, a bun and tea suffice, where in fact something almost as easy and cheap, but more beneficial, was obviously necessary.

An invitation to all "Over 60's" Clubs to attend an afternoon's Cookery Demonstration, Film show and Talk on "Eating Well and Keeping Well — on a Budget" resulted in over 1,000 requests to attend. This enthusiastic response proved overwhelming, and numbers had to be limited to 200. The first occasion was held at West Suffolk General Hospital for those who could arrange their own transport, and subsequent afternoons were organised to cater for those living in the villages. These have been well attended and obviously most popular and useful for the elderly.

The responsibility of eating well during retirement is one requiring a constant reminder to those who may tend not to bother and consequently add to the many problems of age — debility, lowered resistance to disease, Hypothermia — which good eating could lessen, and in order to encourage and stimulate interest in this, simple menus and leaflets concerning nutrition are distributed monthly to the Secretaries of Over 60's clubs for their members.

### Venereal Diseases.

Seventeen talks were given to school leavers, members of Youth Groups, and Mother's Clubs on the Sexually Transmitted Diseases.

A circular letter to all Youth Group Leaders, drawing attention to the film, slides and talk available, subsequently resulted in a number of requests and the film "¼ Million Teenagers" has been frequently used throughout the year.

Public Conveniences have been issued with permanent metal notices stating the place, day and time of clinics.

Health Clinics in Newmarket, Sudbury, Haverhill and Bury St. Edmunds had the newly designed poster issued by the Health Education Council exhibited and with the restrictive legislation now lifted, a wider distribution of this will be possible.

### Food and Kitchen Hygiene.

These subjects are covered during the Health Education Courses held in schools, and others borrow the film "Most Precious Gift" and incorporate this into Domestic Science classes. A number of individual talks have been given by Public Health Inspectors to school leavers, and those taking the Human Biology Paper for the General Certificate of Education.

The "Prevention of Gastro-enteritis in Children" is dealt with during the Junior Mothercraft courses.

Requests for speakers on the topic of Food Hygiene frequently come from Mother's Clubs and Young Wives. These have been organised and illustrated with films or filmstrips, e.g. "The Housefly".

Staff of the School Meals Services attended a filmshow, talk and exhibition of cultures of "Sneezes". "finger prints", "sucked pencil", hair droppings" etc. during a one-day refresher course.

"Room for Hygiene" has been shown to staff of County Council establishments involved in the preparation of food, and stick-on labels for kitchens and lavatories — Now Wash Your Hands — supplied.

The elderly attending Day Hospitals in Bury St. Edmunds and Sudbury have watched films on Food Hygiene.

Food establishments and shops in the county requested notices for display forbidding Dogs and Smoking in the premises, also labels for W.C.'s advising "Wash Your Hands".

### Drug Dependence.

Single talks on "Drug Abuse" have been given at Secondary Schools by General Practitioners, using visual aids from the Health Education Section. A number of films have been used including "Narcotics — Pit of Despair", "Drugs and the Nervous System" and "Hooked". Coloured slides produced by Camera Talks are also used.

Youth groups frequently request a talk on this subject, and these have been arranged.

Aspects of Drug usage cause concern, and for those involved in giving talks on this subject a preview of some of the films available was held at the Health Clinic in Bury St. Edmunds. Two sessions were held, and the audience of General Practitioners, Hospital Staff, Health Visitors, District Nurses, Children's Officers, Social Workers, Probation Officers, County Council staff and representatives from the Police Drug Squad, numbered over 150. The films used on this occasion were "Speedscene — The Problem of Amphetamine Abuse", and "Same Drug — Same Needle". These stimulated considerable discussion, and comments afterwards proved most interesting.



### **Prevention of Accidents in the Home.**

Talks, discussions and films on the prevention of accidents in the home have been arranged for most age groups.

The films "Accidents Don't Happen" and "Ambassadors of Safety" have been shown to 11+ school children.

A number of talks, using slides, have been given to Women's Groups, and Fire Officers have also visited Mother's Clubs to talk on "Safety with Fireworks and Bonfires".

Through the Secretaries of Over 60's Clubs, leaflets on "Care with Paraffin Heaters", and "Electric Blankets" have been distributed to the elderly.

### **Family Planning.**

A notice board in the Bury St. Edmunds Health Clinic is now permanently assigned for information regarding contraception. Posters are designed by the Health Education Section, and leaflets for taking away displayed. A leaflet giving details of all Family Planning Clinics in the County has been drawn up and distributed.

Samples of leaflets on methods of Family Planning were circulated to Health Visitors, District Nurses and Social Workers, and consequently a number of requests made for them for supplies to distribute to patients.

Talks and films have been arranged for Mothers Clubs and Youth Groups, and also lunch time sessions for County Council staff.

Considerable interest has been expressed regarding information about Male Sterilization. The tape recording talk by Mr. Howard Hanley and produced by the Royal College of General Practitioners has been purchased, and this has been used on several occasions.

### **Smoking and Ill Health.**

Education regarding Smoking commences in junior schools. Emphasis here is concentrated on developing lung capacity, breathing exercises, strengthening diaphragmatic muscles. In senior schools education continues with more emphasis on disabling effects of Bronchitis and Heart Disease. "The Smoking Machine", "Smoking and You" and "This is Your Lung" are films used.

Lunchtime filmshows are held for County Council staff, leaflets and posters for departments supplied.

Elderly people attending Day Hospitals are reminded of the dangers of Smoking, and shown films to discourage the habit.

One clinic has a notice board permanently assigned to anti-smoking posters, and leaflets to be taken away. "No Smoking" notices are exhibited in all public rooms of clinics.

One Health Visitor requested a "No Smoking" sign for her village hall clinic, and subsequently was equipped with a stand-up mobile display for exhibition.

Convincing visual aids demonstrating the damage likely to be caused by smoking are essential, and the acquisition of a specimen lung on permanent loan from the Papworth Hospital has contributed greatly to instilling the message of "Don't Smoke".

As a result of the National coverage by Press, Radio and Television, a marked change has become apparent in the attitudes of many smokers. People now really want to give up smoking, the problem is "How?". With positive attitudes established, posters and leaflets can serve as useful reminders, but personal encouragement, group dynamics, and environmental situations have a great deal to contribute to the ultimate success of each individual.

### Dental Health and Fluoridation.

Demonstrations on “How to brush your teeth” and talks on oral hygiene have been given to Infants and Juniors, and the film “Why Bother?” shown in a number of Junior Schools.

All primary Headteachers were circulated with samples of posters and literature available to promote Dental Health and consequently 140 Posters and 1,828 leaflets/booklets requested.

Posters on the Fluoridated areas throughout the world and graphs to show the decrease in dental caries in specific areas after fluoridation of the water supplies were made and exhibited in the Dental Suites and later in the general waiting areas of Health Clinics.

### Prevention of Disease — Influenza.

In order to prevent a repeat of the major outbreak of the previous year a campaign to educate the public in primary self care was undertaken.

All Urban and Rural District Councils, Parish Councils, Libraries, Youth Clubs, Police Stations, General Practitioners, Ambulance Stations, and Hospital Waiting Rooms, were provided with posters for display on Notice Boards.

Seventy-eight posters were distributed to Personnel Officers at Factories in Bury St. Edmunds and Newmarket and requests for 80 leaflets received.

At the same time displays were arranged in clinics and leaflets distributed to Mothers and the elderly.

### Tetanus.

As Tetanus is a particular hazard in this area, a leaflet has been designed and a localized campaign was held in co-operation with the General Practitioners, Schools, Libraries, Urban and Rural District Councils, Parish Councils of the Hadleigh and Cosford area.

### Personal and Environmental Health.

Booklets on Personal Hygiene have been issued to 300 Youth Clubs in the County.

Leaflets on Care of the Feet, and Foot Hygiene are supplied to Chiropodists, and Chiropody suites in clinics also provided with relevant information.

With the growing numbers of small swimming pools being built in schools, and the numbers with which these were coping, it was felt that an increased awareness to the hazards involved should be brought to the attention of all those using the pools, and the standard of Personal Hygiene raised.

In consultation with the Chief Inspector responsible for Swimming Pool standards, posters and leaflets have been designed and samples circulated to headteachers of all Secondary and Primary schools. Resulting from this, requests for 103 posters and 3,246 leaflets were received.

Open-air swimming pools in Newmarket, Sudbury, Haverhill and Bury St. Edmunds were each supplied with these posters and ones on Artificial Resuscitation to exhibit on their notice boards, and provided throughout the season with copies of “The Swimming Pool Users Guide” and “Kiss of Life” leaflets.

### Mental Health.

A display was arranged for Bury St. Edmunds clinic during Mental Handicap week.

Three films on Aspects of Mental Health:—

1. Mr. Finley's Feelings.
2. Steps towards Maturity and Health.
3. Understanding Stresses and Strains.

were previewed by Mental/Social Welfare Officers.



Two of these were later used to promote discussion after talks on Mental Health during courses in two secondary schools.

## COURSES – SCHOOLS

Three new courses have been incorporated into the curriculum at two secondary schools.

1. Personal Grooming and Hygiene.
2. Junior Mothercraft Course.
3. Environmental Health.

Visual aids and films are supplied by the Health Education Section and lessons supplemented by specialist speakers.

## HOME HELPS

Courses for Home Helps were held in Newmarket, Sudbury, Hadleigh and Haverhill and visits to Homes for the Elderly and a Geriatric Ward arranged. These courses have proved most helpful in creating amongst the Home Helps, a pride in the work they are doing, and through the exchange of experience and discussions many individual problems have been tackled and sometimes resolved.

## MOTHER'S CLUBS

The Mother's Clubs held at Haverhill clinic completed a one years Health Education Course which covered aspects of Personal, Child and Environmental Health.

## Visits.

A number of students from Schools, Colleges, and Teacher Training Colleges have visited the section during the year. Children have requested help with projects with which they are engaged at school. Trainee Health Visitors from the Ipswich Civic College have required aids to use during their demonstration lessons given during their training for Health Education and Student teachers frequently visit and ask for help with their programmes for teaching practice, and for the necessary aids with which to adequately cover Health Education subjects.

## Visual Aids.

Many requests for Audio-Visual Aids with which to illustrate talks have been made by all those engaged in Health Education, and also by Headteachers and staff in infant, junior and secondary schools. Although the demand has sometimes exceeded the supply, most requests have been met, and where necessary substitutes supplied.

As the range of topics, and personnel involved in Health Education increases, so the demand for more extensive coverage of a greater variety of subjects becomes imperative.

Charts for teaching Sex Education, The Birth of a Baby, Family Planning and Care of the Feet have been added this year.

A fully articulated model of a foot has been purchased.

Specimens of lungs showing cancer and T.B. have been generously donated on a long loan from the Papworth Hospital, and these have proved most valuable as aids.

New colour filmstrips include "Exercises for the Over 60's", "Pretty Lady in Waiting" and "Safety in Prams and Pushchairs".

16 mm. Films:—

- |   |   |
|---|---|
| 1. Unseen Enemies – (World Health Organisation) | – Infectious Diseases                     |
| 2. Learning to Live                             | – Sex Education                           |
| 3. The Great Milk Bottle Mystery                | – Cleanliness and Safety of Milk Bottles. |

have been added to the Film Library.

Two sets of coloured slides with accompanying notes have been compiled.

At the request of, and in conjunction with the Principal Nursing Officer, a series of slides showing "Non-touch Technique" for use during the In-Service training of student and district nurses, were completed and with the co-operation of the Director of Welfare Services and his staff it has been possible to visit the elderly in their homes and obtain slides of the use made of "Aids for the Elderly".

A small handviewer for previewing purposes was purchased, and this has proved both useful and time-saving.

A spotlight, flashing signlight, and a "Gambit" Marler-Haley unit have been added to the exhibition equipment.

Publications — leaflets entitled "Accidents don't Happen", "The Swimming Pool Users Guide", "Protection against Tetanus" and "To all men over 45" were prepared.

The audio-visual aids and equipment are in constant use.

*Bookings for Audio-Visual Aids Equipment*

							1969	1970.
Bell & Howell Sound Projector	..	..	..	..	..	..	130	191
Screens	..	..	..	..	..	..	96	176
"Mini" Slide/Filmstrip Projector	..	..	..	..	..	..	38	37
Aldis	..	..	..	..	..	..	15	28
Leitz	..	..	..	..	..	..	9	2
Tape-recorder	..	..	..	..	..	..	26	19
Slides	..	..	..	..	..	..	—	24
Filmstrips	..	..	..	..	..	..	—	33
Tapes	..	..	..	..	..	..	—	19
Films: "¼ Million Teenagers"	..	..	..	..	..	..	—	17
"Your Skin"	..	..	..	..	..	..	—	11
"Your Feet"	..	..	..	..	..	..	—	11
"Smoking and You"	..	..	..	..	..	..	—	9
"Unseen Enemies"	..	..	..	..	..	..	—	8
"Why Bother"	..	..	..	..	..	..	—	6
"Most Precious Gift"	..	..	..	..	..	..	—	5
"Great Milk Bottle Mystery"	..	..	..	..	..	..	—	3
"To Janet a Son"	..	..	..	..	..	..	—	26
Others	..	..	..	..	..	..	—	57
								<u>682</u>

During the course of the year —

12,500 leaflets

1,045 posters

5,000 "information" sheets were distributed and

682 items of Health Education equipment provided, with transportation supplied or arranged.



INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible is carried out, under the supervision of the County Medical Officer of Health, by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

The following samples were taken:—

NUMBER OF SAMPLES TAKEN	PHOSPHATASE TEST		METHYLENE BLUE TEST			Failed both Tests
	Passed	Failed	Passed	Failed	Not Tested	
54	45	9	45	—	9	—

Dairies, other than Pasteurising Plants.

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of premises for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	152
Dealers' (Pasteurisers) Licences	2
Dealers' (Untreated) Licences	2

The following tests were made:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Untreated:				
Methylene Blue ..	4	2	—	6
Pasteurised:				
Phosphatase ..	258	4	3	265
Methylene Blue ..	243	7	15	265
Sterilised:				
Turbidity ..	5	—	—	5
Ultra Heat Treated ..	11	—	—	11

Appropriate action was taken where the results were unsatisfactory.

Sale of Infected Milk.

Eleven samples were taken from sellers of untreated milk for biological tests. In one case the guinea pig died of intercurrent infection.

Milk in Schools.

On a day in September in maintained schools 13,371 took milk out of the 15,167 children present — some 88.2%. Of the 1,122 children in other schools 930 (or 82.9%) took milk.

The following samples were taken:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Pasteurised Milk:				
Phosphatase Test	59	1	—	60
Methylene Blue Test	59	1	—	60

### Milk.

An increasing number of complaints were received concerning foreign bodies in milk, glass being the commonest object.

Proceedings were taken in respect of a dirty milk bottle found by a consumer; a fine of £25 and £5.25 costs was imposed. Another Company were fined £50 and £5.25 costs for selling milk in a bottle contained mould hyphae.

Action was also taken against a dairy company which had delivered milk containing bird or animal excreta in one bottle and solidified fat with a pin embedded in it in another. Total fines of £100 were imposed.

### Other Foods.

There was an increase in the number of complaints about foreign bodies in foodstuffs from members of the public. The consumer seems to be more critical of the food he is receiving and is bringing to our notice many more infringements.

A number of samples of sausages have been found to contain a permitted preservative but disclosure of this was lacking. Cautions have been given to a number of butchers.

Mouldy chestnuts appear to have been common this year. A complaint about these was investigated and one greengrocers stock contained more than 50% uneatable nuts. Enquiries revealed that many shops refused to stock this type of nut this Christmas due to their poor quality.

A complaint that a steakburger contained a piece of metal led to a butcher being fined £10.00.

A pack of jam tarts sold in a supermarket was found to contain a dead wasp embedded in the jam. Proceedings were instituted and a fine of £10.00 imposed.

A butcher rather unwisely advertised his beefburgers as containing "100% meat". He had overlooked the fact that a binder was used which reduced the meat content to 90%. Action was taken against him; the magistrates found the offence proved but gave him an absolute discharge.

The meat content of a sample of brawn was only 50% instead of the required 60%. Action taken resulted in a fine of £10.00 and £5.25 costs.

### Samples Taken.

				<i>Number Taken</i>	<i>Number Genuine</i>	<i>Number Adulterated</i>
Beverages	..	..	..	3	2	1
Bread	..	..	..	1	1	—
Cheese and Cheese Products	..	..	..	13	13	—
Coffee	..	..	..	6	6	—
Drugs	..	..	..	5	5	—
Essences	..	..	..	1	1	—
Fats	..	..	..	10	10	—
Fish and Fish Products	..	..	..	9	8	1
Flour Confectionery	..	..	..	2	1	1
Flour Products	..	..	..	6	6	—
Fruit Products	..	..	..	6	4	2
Ground Almonds	..	..	..	3	3	—
Ice Cream	..	..	..	4	4	—
Intoxicating Liquor	..	..	..	2	2	—
Marzipan	..	..	..	4	4	—
Meat and Meat Products	..	..	..	89	69	20
Milk	..	..	..	148	127	21
Milk (Channel Island)	..	..	..	70	70	—
Milk Products	..	..	..	2	2	—
Nuts	..	..	..	1	—	1
Oils	..	..	..	1	1	—
Pepper	..	..	..	1	1	—
Preserves	..	..	..	5	5	—
Salad Cream	..	..	..	3	3	—
Sauces	..	..	..	1	—	1
Soft Drinks	..	..	..	7	7	—
Suet	..	..	..	4	3	1
Sugar Confectionery	..	..	..	3	2	1
Vegetables (products)	..	..	..	8	8	—
Vinegar	..	..	..	1	1	—
Wines	..	..	..	1	1	—
				<u>420</u>	<u>370</u>	<u>50</u>



## SOCIAL WELFARE

The Director of Welfare Services is responsible to the County Medical Officer of Health for the day to day administration of the social welfare services.

The field work is carried out by a Senior Social Worker, ten general purpose Social Welfare Officers and a Woman Social Worker who deals mainly with family problems. One Welfare Officer and a Welfare Assistant are on the second year of Social Work Training courses. Another Welfare Assistant is undergoing in-service training in the department and will be seconded to a Social Work Training Course next year. All officers attend day courses, conferences and discussions whenever possible. There is close association with Ipswich Civic College, and students from the College who are training in social work are received on practical placements for varying periods.

Services to the blind are provided by a Senior Home Teacher and two home teachers of the blind. All the home teachers hold the Certificate of the College of Teachers of the Blind.

Pastime therapy is provided for the various classes of handicapped persons by three full-time instructresses who provide a domiciliary craft service. They take work materials to handicapped, give instruction in a variety of crafts and arrange the sale of most of the completed articles. The instructresses also organise clubs for the handicapped at Newmarket and Sudbury.

During the year 15,262 visits were paid to aged and handicapped persons as follows:—

3,721 to aged; 2,956 to blind and partially sighted; 137 to deaf and hard of hearing; 4,442 to the disabled (other than the aged and deaf); and 4,006 to other persons included in home visitation. There are 1,400 persons on the register for the handicapped.

The categories and age groups are:—

	0-15	16-64	65 and over	TOTAL
Blind .. ..	3	66	219	288
Partially Sighted ..	3	36	100	139
Deaf with Speech ..	—	9	3	12
Deaf without Speech ..	15	31	10	56
Hard of Hearing ..	—	12	23	35
Generally Handicapped	9	349	512	870
	30	503	867	1,400

### General Classes.

The disabilities of the 870 people classified as generally handicapped are as follows:—

Amputations .. ..	63
Arthritis and rheumatism .. ..	261
Congenital malformations and deformities .. ..	32
Disease of the digestive and genito-urinary system of the heart of circulatory system; of the respiratory system (other than tuberculosis) and of the skin .. ..	96
Injuries to the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .. ..	82
Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica etc. .. ..	263
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases .. ..	18
Tuberculosis (respiratory) .. ..	6
Tuberculosis (non-respiratory) .. ..	9
Diseases and injuries not specified above .. ..	40

The well established policy of the Council to help handicapped people live in their own homes with the assistance of adaptations and aids has been continued. This policy has applied to both council houses and private dwellings. In a limited number of cases grants are made to housing authorities to provide special housing accommodation for handicapped persons. Aids such as elbow crutches, special chairs, toilet seats, bath rails, hoists, walking frames etc. are provided on long term loan to increasing numbers of the aged and handicapped. The supply of an aid often leads to a gratifying solution of considerable problems for a house-bound handicapped person.

Handicraft and social centres for the handicapped have continued in Bury St. Edmunds, Newmarket, Sudbury and Lavenham. The Lavenham Centre is a combined venture of the Council and voluntary bodies and the membership includes several blind and partially sighted persons. As well as providing social activity the opportunity is taken at some of the Centres to give a limited amount of instruction in handicrafts. Club outings, dinners and parties are arranged. The continuing popularity of the Centres has been evidence of the need they meet. Most of the craft instruction is given in the homes of the aged and handicapped but the disposal of completed articles remains an increasing problem because of the greater quantity being produced. The Handicraft instructresses also give some help and instruction to residents in Homes for the Elderly but there is little enthusiasm amongst most residents for this type of diversional therapy.

#### Deaf and Hard of Hearing.

The Suffolk Mission to the Deaf and Dumb, which receives financial support from the Council, provides the main specialist services to the deaf and hard of hearing. The Mission administers its own premises in Bury St. Edmunds and is a well-staffed and administered organisation. The Council have representatives on the Committee of management and there is a close association between the two bodies.

#### Blind and Partially Sighted.

During the year, exclusive of transfers from other areas, 26 blind and 32 partially sighted persons were added to the register. The causes of the defects were as follows:—

(i) Number of cases registered during the year with recommendations as follows:—	PRIMARY CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment .. ..	4	2	—	32
(b) Treatment (medical, surgical or hospital supervision) ..	6	6	—	8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. ..	5	4	—	11

Visits by the Home Teachers to the blind and partially sighted have continued on a regular basis. The Council's close association with the West Suffolk Voluntary Association for the Blind has continued.

#### Welfare of the Aged.

The number of residential accommodation places occupied as at 31st December, 1970 was 391 and was distributed as follows:—

Angel Court, Hadleigh .. ..	48	The Red House, Sudbury .. ..	11
Bristol House, Felixstowe .. ..	43	Manson House, Bury St. Edmunds .. ..	2
Hazell Court, Sudbury .. ..	50	"Cloncurry", Felixstowe .. ..	2
North Court, Bury St. Edmunds .. ..	59	Home for Epileptics .. ..	4
Place Court, Haverhill .. ..	43	Other Voluntary Homes .. ..	19
South Court, Bury St. Edmunds .. ..	44	Sue Ryder Home, Cavendish .. ..	4
The Glanely Rest, Exning .. ..	53	Maintained in other local authorities' homes	9
		.. ..	..

Our Homes for the Elderly have continued to provide most welcome accommodation for many old people no longer able to live in their own homes. It has been possible to maintain the staff of the homes at a satisfactory level and the scheme for the provision of short-term care to enable relatives to take a holiday continued during the year. This most useful service is much appreciated by relatives who have the care and responsibility of elderly people.

The building of Davers Court, the new Home for the Elderly at Shakers Lane, Bury St. Edmunds was completed. It has 57 beds and is based on a "family unit" principle which should encourage independence, individuality and a comfortable feeling of acceptance in a small group within the Home.



Three bungalows in the grounds of South Court, Bury St. Edmunds and three flats at 5, Southgate Green, Bury St. Edmunds are provided as temporary accommodation for evicted or homeless families.

The demand for temporary accommodation was unceasing during the year and the problems of homelessness continued to increase. A considerable amount of time and effort had to be diverted to deal with this.

The social workers hold regular meetings in different parts of the county to discuss, and attempt to solve the difficulties which arise with problem families who are often threatened with eviction. The many calls on the council to guarantee rents to the housing authorities continued so that the tenancy may be preserved. Wherever the rent guarantee is given a welfare officer undertakes work with the family. This work, which is inevitably time consuming, has been very successful in helping many families improve their social standard.

#### **Registered Homes in the County.**

There are 10 registered homes accommodating some 199 persons.

#### **Special Housing for the Aged.**

Housing authorities have, over the years, been encouraged to develop special housing schemes, where there is a warden, for elderly people. In these schemes welfare features are provided – central heating, constant hot water, communal facilities etc. – and the County Council makes annual grants to the housing authorities to cover the cost of these welfare features. These schemes, which serve a most useful purpose, and enable old people to remain in the community longer than would normally be possible, are rapidly growing. The Council's financial obligation has increased to a formidable figure and the total grants in 1971/72 are likely to exceed £27,000.

#### **General Welfare of the Aged.**

All social welfare officers of the department have a "mixed" case load including elderly people who are known to be "at risk" and who need some supervision to ensure their well-being. Home visits are paid as and when considered desirable. Persons who are on the waiting list for admission to residential accommodation are also regularly visited and if there are signs of deterioration their admission is expedited and if necessary their priority adjusted.

#### **Voluntary Organisations.**

The many voluntary organisations in the county gave a considerable amount of help and support in dealing with the numerous problems associated with the aged and handicapped. For example the Women's Royal Voluntary Service organise twelve meals on wheels schemes throughout the county and these provide some 38,000 hot meals a year. Generally the meals are provided twice weekly and the schemes are supported financially by district councils as well as by the County Council.

West Suffolk Old People's Welfare Association continued to provide excellent supporting services for the old people of the county. This organisation undertakes many types of service, particularly in the development of clubs and the organisation of holiday schemes. There are some 80 clubs organised by the Association in the various villages and towns and the Council contributes to the Association's work by an annual grant. In addition grants are made to individual clubs when there is financial need for support from public funds. The Day Centre for elderly people held at the Community Centre, Howard Estate, Bury St. Edmunds continues to function successfully. The County Council has plans for the development of purpose-built Day Centres during the next few years.

This is the last full year in which the Social Welfare Services will be provided by the staff of the Health and Welfare Department. I am grateful to all the staff who have been concerned in the successful provision of these services.

APPENDIX I  
DEVELOPMENT OF MEDICAL AND NURSING SERVICES

“There is a strong probability that unification of the health services will take place within the very near future and this will, to some extent, depend on the rapidity by which the government produce their proposals on the new areas to deal with local authorities as we now understand them. For some years now, even before the concept of a new district general hospital for Bury St. Edmunds was mooted, there has been a gradual and progressive integration of general medical practice, public health nursing and hospitals. In view of the impending consultative document on the future of the health services and the commissioning of the new Bury St. Edmunds hospital within the next two years, it would not be inappropriate for me to tell the Committee that developments in the community will inevitably take place as this new hospital rapidly becomes commissioned. Whilst there is much interchange of medical and nursing information at the present time it appears to me that we have now reached the stage when detailed consideration should be given to the secondment, or attachment of, members of our own medical and nursing staff to the hospital service and, in particular, to the new hospital. Much closer relationships between the hospitals and the local health authority services have been developed during the last three years and the time has now arrived when the next step of secondment should be seriously considered. By this I mean the secondment of medical men and women to the hospital who might be appointed part-time clinical assistants and the appointment of hospital nurses who could take part in community nursing in the field and work very closely in association with, but not necessarily replacing the home nurses and the domiciliary midwives as a ‘quid pro quo’. There are three main fields at the present time which merit special attention in that there is a transfer of the nursing load from the hospital service to the community service, namely, in home nursing/midwifery, psychiatric and diabetic nursing. I have had informal discussions over some time with the consultant psychiatrist at Alexandra House, the consultant physician who deals particularly with diabetics throughout the county and the rapidly developing midwifery training school, which is being discussed along with the hospital authorities with the inspectors of the Central Midwives Board. Doubtless the local authority domiciliary services will benefit by the arrangements whereby hospital nurses will care for certain types of patient in the community. In the short time that is left before the commissioning of the new hospital and the creation of area health boards, inevitably it will be necessary to appoint additional health staff in the community in order to deal adequately with patients who will spend perhaps more time in their own homes being treated than they would in the hospital.

A detailed assessment of the relationship between hospital care and that provided in the community will not become apparent until the new hospital is functional. At this stage a re-assessment of the workload will be necessary and proposals put forward by the “Health Authority” for the further integration of the health services for the area served.

What I have written deals mainly with the new Bury St. Edmunds hospital, but as I see it the same development must inevitably take place in Sudbury and Newmarket. Although the solution to these problems may become apparent once the new area health boards have been defined, problems of domiciliary nursing associated with an increasing demand for the early discharge of maternity cases and the elderly must inevitably create a heavier demand for the nursing of patients in their own homes. I hope to be able to report in more detail at the next meeting of this Committee provided, of course, that the long awaited consultative document has become available.”



## MANAGEMENT STRUCTURE OF LOCAL AUTHORITY NURSING SERVICES

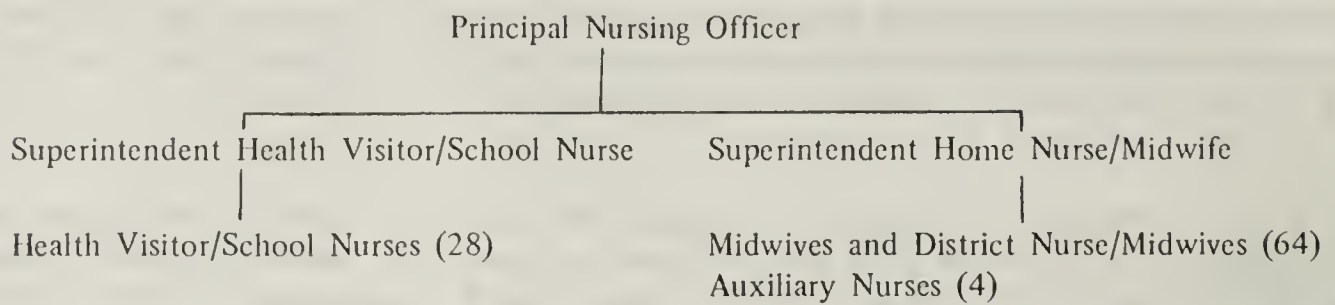
1. In Local Health Authority letter 2/70 and more recently circular 13/70 issued by the Department of Health and Social Security concerning the report on the Working Party on management structure in the local authority nursing services, it was emphasised that authorities should seek to identify the element of management necessary at each level in the local situation. The objective is to provide a simple staffing structure with the minimum number of different management grades, but providing a clear chain of command from top management down to field level.
2. A three tier structure is suggested as appropriate, top, middle and first line management; the report considers that the size of many authorities will not justify both middle and first line management, but in all cases top management or chief nursing officer is recommended, but in very small authorities all management functions might be undertaken by this officer.
3. Field workers in the community services, i.e., health visitors, home nurses and midwives, although undertaking minor managerial functions, are not considered first line managers. This grade would be applicable to senior field workers, co-ordinating and undertaking management of a group of field workers — comparison with the Salmon Committee recommendation for seven lower middle management in the hospital field.
4. More than one grade of top or middle management is not applicable except in the very largest authority. (West Suffolk is regarded as a medium sized authority viz: 100 — 300,000 population).

### The Report of the Working Party.

5. The report suggests that the three tier management structure is appropriate. In only the largest authorities would there be justification for two grades of middle or top management. In the smallest authorities it may be possible for all management functions to be undertaken by top management.
6. The field worker in the community services, the health visitor, home nurse and midwife, although undertaking minor managerial functions, is not considered as has already been mentioned a first line manager, this management grade being applicable to the senior field worker undertaking co-ordinating and management of a group of field workers.
7. Structure of management in Local Health Authority services is commonly functional or geographical and the Working Party considers the geographical pattern more consistent with the principles of good management certainly with the larger authority, but feels there is still a place for the functional structure in the smaller authorities.
8. Managerial skills are scarce and should be deployed economically in a structure appropriate to the need in the local situation. In order that the organisation should function efficiently management should work within a well defined sphere of authority. In the absence of a senior officer it is considered unnecessary to appoint a deputy as such, but the next in line should be designated to act up as required thus giving this officer the opportunity to learn more senior management in preparation for a senior post, thus keeping the structure and designations simple. To facilitate the correct use of staff at management level it is recommended that management training should be from a central organisation and a requirement for promotion within the management line structure. Local Authorities should, therefore, take all possible steps to ensure management training for staff in management grades.

### Present Position in West Suffolk.

9. The management structure was revised in 1967, the existing organisation of superintendent health visitor/school nurse, superintendent of home nurse/midwives with assistant supervisor of home nurse/midwives was changed to principal nursing officer of the three services with functional superintendents of health visitors and home nurses, as follows:—



The appointment of top management responsible for the three services gave a much improved co-ordination of these services.

### The Local Situation.

10. It seems appropriate to mention the varying duties of the field staff (some district nurse/midwives and health visitors/school nurses). In addition to the traditional duties of the nurse/midwife and health visitor, because of the Best Buy Hospital with the need to look to an even greater increase of care in the community, there is already an increased work load. Home nurses are involved with an increase of:—

1. Patients discharged early.
2. Patients nursed at home rather than in hospital.
3. Pre-operative treatment in the community.
4. Training of student district nurses.
5. Integrated nurse training.

Health visitors are involved with:—

1. Social assessments of patients who are to be discharged early.
2. Social assessments of patients who are to be nursed in the community.
3. Liaison with all hospitals regarding all surgical, ophthalmic, orthopaedic, geriatric, and psychiatric patients.
4. An increase of work with the aged in the community.
5. Training of student health visitors.

11 For some years selective visiting has become the method in current use by health visitors of necessity, if not choice, due to the pressure of work. There is considerable evidence to suggest that a return to more routine visiting would ensure that problems, which often lead to the battered baby syndrome, would be suspected and perhaps prevented because "stress" within the family would be noticed and referred by the health visitor at a stage when treatment would be more effective.

12. Considering the increase of the aged in the population, the move towards attachment of staff to many practitioner groups, the improvement of clinic facilities and proposed health centres, the health visitor and general nurse have an obvious role to play in assisting the general practitioners with this important section of the community. Many doctors are interested in holding special clinics for their aged patients at which assessment and minor treatment can be carried out. This would at best preserve good health, at worst postpone hospitalization, and be in the best interests of the future health service. Not only would it give improved health to the aged, but would, by relieving out-patient clinic specialist time, hospital beds, and treatment for advanced disease, be less costly in time, effort and money. The transfer of the Domestic Help Service to the Social Services Department in 1971 will release health visitors for other work on more traditional lines.



13. Midwives are involved with:—

1. Home confinements.
2. Care of patients discharged from hospital early.
3. Deliveries in general practitioner unit or maternity unit.
4. Ante-natal care of hospital deliveries and home confinement
  - (a) in the home
  - (b) general practitioner clinics
  - (c) local health authority clinics
5. Training of student midwives
6. Health education of expectant mothers.

14. This speciality is already moving towards closer involvement with the domiciliary midwives delivering patients booked for short stay in hospitals. They are responsible for the ante-natal care, delivery and post-natal care of these patients. Much of this responsibility was previously undertaken by the hospital.

15. Finally nurses, health visitors and midwives take part in the teaching programme of students:

- (a) District nurse students.
- (b) Health visitor students.
- (c) Midwifery students.
- (d) Other candidates who require observation of the services, i.e. hospital students, child care students, social work students.

#### Recommendations for the Future.

16. After reviewing the senior staff structure in the light of the Working Party's recommendation and taking into consideration the local situation, I recommend that the re-organisation of the managerial structure should be on a geographical basis. I consider that with the diverse responsibilities previously mentioned, the growing population of a type presenting special problems and the major clinic distribution, this Local Health Authority will divide favourably into two geographical areas each with an area nursing officer responsible to the chief nursing officer for staff of the three disciplines. These officers would be located, for the time being, at the central department.

17. The appointment of first line managers able to advise field workers on specialist technique would remove the necessity for the middle manager to have specialist knowledge of the three disciplines but, as recommended in the Working Party report, they would have specialist knowledge in one or more fields and they would operate from an ad hoc health clinic to begin with, and staff should be sent on suitable managerial courses, as appropriate.

18. If the Committee agrees to these recommendations the position may be summarised as follows:—

##### *(i) Top Management.*

Re-designate the principal nursing officer as chief nursing officer — who would be responsible to the County Medical Officer of Health for the day to day running of the nursing service.

##### *(ii) Middle Management.*

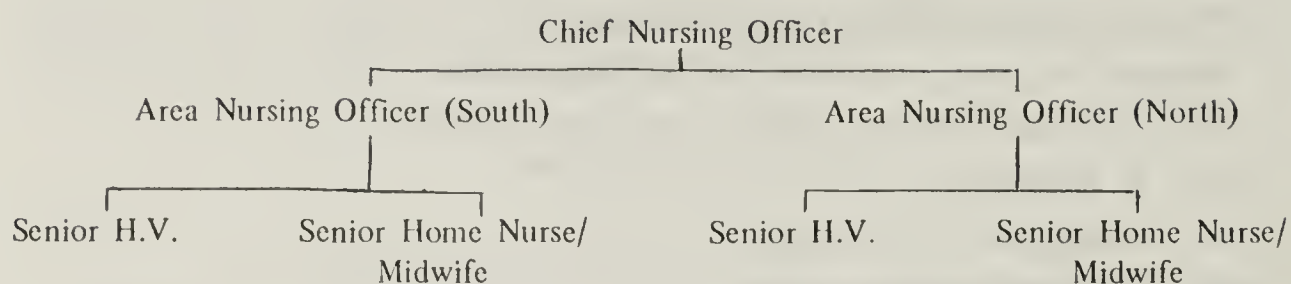
Re-designate the existing two superintendents as area nursing officers, dividing the county into north and south, and allocating two geographical areas one to each officer.

##### *(iii) Appoint initially to each geographical area two first line managers:—*

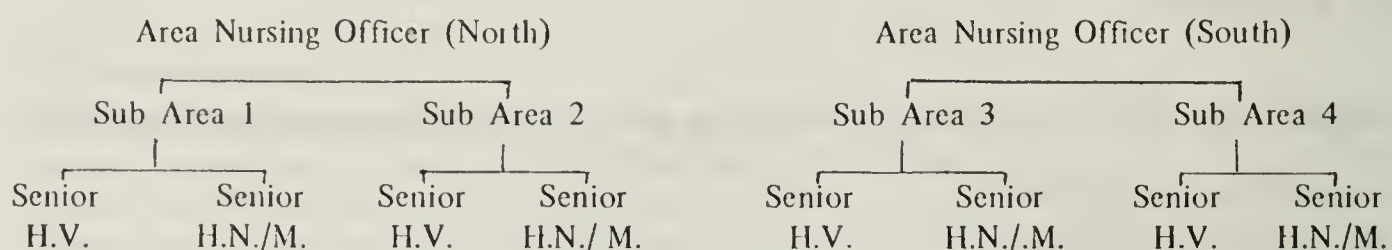
- (a) a senior health visitor
- (b) a senior home nurse/midwife

It is further recommended that the above be effective from 1st April, 1971.

The above expressed in table form can be shown as follows:—



19. As the population increases, the area develops and new clinics and health centres are completed, the work of the community staff will be materially increased and will require the appointment of additional first line managers and the two geographical areas would sub-divide into two equal areas each with major clinic facilities, each sub-division having two first line managers working to the area nursing officer as follows:—



*(iv) Training.*

20. The present principal nursing officer has already attended a three months residential management course at the Rathbone College of the Queen's Institute of District Nursing, and arrangements have already been made, on the authority of your Chairman, for her to attend a two-week top management course at Ipswich Civic College early in 1971.

21. The superintendent health visitor has already attended a middle management course organised by the Essex County Council. Arrangements should, however, be made to send both middle management officers on suitable courses as soon as practicable and for first line managers to attend appropriate residential courses. One health visitor and one district nurse/midwife have attended an appropriate first line management course organised by the East Anglian Regional Hospital Board.

22. The Department of Health and Social Security have instructed the Whitley Council to make urgent revision of the salary structure for nurses at all levels. It is hoped, therefore, that definite information will be available in the near future. The cost of implementing the above recommendations would be in the region of £8,500 a year for salaries, national insurance, local government superannuation, travelling expenses and £450 for training, for which provision would be made in the next year's Estimates.





